



Deborah A. Clayman  
Licensing Director

**City of Chelsea**  
DEPARTMENT OF LICENSING,  
PERMITTING AND CONSUMER AFFAIRS  
City Hall, 500 Broadway  
Chelsea, Massachusetts 02150

Telephone: (617) 466-4160  
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dclayman@chelseama.gov

**PAWNBROKER LICENSE  
APPLICATION**

1. Name of business: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Business phone #: \_\_\_\_\_
2. State whether the above-named concern is an individual,  
co-partnership, association or a corporation?  
\_\_\_\_\_
3. If an individual, state the following:  
Name: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
Home telephone: \_\_\_\_\_
4. If a co-partnership, state the following information of the  
person composing it:  
Name: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
Home telephone: \_\_\_\_\_
5. If an association or a corporation, state the following  
information for the principal officers:  
Name of President: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
Home telephone: \_\_\_\_\_  
Name of Secretary: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Residential address: \_\_\_\_\_  
Home telephone: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Residential address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Name of Clerk: \_\_\_\_\_  
Social security number: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Residential address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Federal Tax ID Number

Return this application to Deborah A. Clayman, Director,  
Department of Licensing, Permitting and Consumer Affairs, 500  
Broadway, Room 200, Chelsea, MA 02150, with the following:

- 1) Affidavit of Tax Compliance;
- 2) Application fee in the amount of \$20 (non-refundable), check or money order only, payable to City of Chelsea.

Upon application approval, you will be required to provide the following:

- 1) Business certificate, if applicable;
- 2) Weights and Measures approval form;
- 3) Bond to the City of Chelsea in the sum of three hundred dollars (\$300.00);
- 4) Licensing fee in the amount of \$50, payable to the City of Chelsea (check or money order only).

WEIGHTS AND MEASURES APPROVAL FORM

Name of business: \_\_\_\_\_

Business address: \_\_\_\_\_

Name of inspector: \_\_\_\_\_

I have inspected the weighing and measuring devices intended to be used by this Pawnbroker/Old Gold Dealer and found that they are operational and therefore have granted them a seal.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date of Inspection

AFFIDAVIT OF TAX COMPLIANCE

Pursuant to M.G.L., c. 62C, s. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all Massachusetts tax returns and paid all Massachusetts taxes required under law, as well as paid all contributions and payments in lieu of contributions pursuant to M.G.L., c. 151A, s. 19A(b).

\_\_\_\_\_  
(Signature of individual or corporate name)

\_\_\_\_\_  
(Social Security # or Federal Identification #)

\_\_\_\_\_  
(Date)